

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF		COURT CASE NUMBER
RAYMOND L. BRUTON		06-791- SLR
DEFENDANT		TYPE OF PROCESS
JOSEPH BIDEN III		COMPLAINT
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
→	JOSEPH BIDEN III, ATTORNEY GENERAL OF THE STATE OF DELAWARE	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Wilm. DE. 19801		
AT	8th Floor, Carvel State Office Building, 820 N. French ST.	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		
<input checked="" type="checkbox"/> Raymond L. Bruton SBI# 069025 H.R.Y.C.I. P.O.Box 9561 Wilmington, DE 19809		
<input type="checkbox"/> Number of process to be served with this Form - 285 <input type="checkbox"/> Number of parties to be served in this case <input type="checkbox"/> Check for service on U.S.A.		1 4 4

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service): **FILED**

Fold

PAUPER CASE

MAY 15 2007

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U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Signature of Attorney or other Originator requesting service on behalf of:

Raymond L. Bruton
 PLAINTIFF
 DEFENDANT

TELEPHONE NUMBER

DATE

April 24 2007

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk	Date <i>b/r</i>
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

KEITH BRADY, STATE SOLICITOR

Address (complete only if different than shown above)

 A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service <i>5-11-07</i>	Time <i>10:00</i>
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Signature of U.S. Marshal or Deputy
Wm. L. Bruton

Service Fee <i>4500</i>	Total Mileage Charges (including endeavors)	Forwarding Fee <i>-</i>	Total Charges <i>4500</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: